

PHILADELPHIA MEDICAL TIMES.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON PROLAPSE OF THE WOMB.

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LECTURE II.

(Continued from page 162.)

GRANTING, then, that this elongation arises in the main from traction, and not primarily from any constructive energy inherent in the cervix; what are our resources for its cure? Could I put this woman to bed for a few weeks, and thus relieve the cervix from its own dead weight and from that of the vagina and bladder, it would shrink back very materially, but not to the standard length of the healthy womb. It would act, as I have before said, precisely like an over-stretched rubber band. I might then adjust some suitable pessary which would keep the prolapsing organs in their proper positions. Unfortunately, the poverty of this class of patients renders such a treatment inadmissible. At best, the womb is too ductile, the vagina and perineum too lax, even when contracted by appropriate operations, to render this treatment other than tedious and unsatisfactory.

The desideratum here is something that can furnish a support to the unstable pelvic organs, and, at the same time, consolidate the ductile womb by giving a fillip to the now dormant process of involution. Both indications are often met by the mere amputation of the vaginal portion of the cervix, although in bad cases the former may further demand the constriction of the vulval opening. From a misconception of the nature of this disorder, Huguier recommends an unnecessarily severe and dangerous operation, by which the whole vaginal portion is removed, and with it a conical core of the supra-vaginal portion. You will naturally ask, "How can the removal of an infra-vaginal slice cure a supra-glandular elongation measuring three or four inches?" I shall reply, first, by two illustrations: after the ablation of a uterine polypus, its pedicle, however long and broad, will disappear; an elongation of the uvula is curable by snipping off merely its tip. In the second place, the hemorrhage during the operation, by depleting the womb, causes shrinkage; the rest in bed furthers this contraction; whilst the prolonged suppuration necessary for the repair of an open wound sets up so alterative an action as will carry out the process of shortening and finally consolidate the whole uterine body. Once more, this operation lessens the weight of the cervix, and establishes a retrogressive metamorphosis of the subinvolved vagina and of its thickened mucous investment, giving, thereby, tonicity and stability to those parts.

One danger attaching to this operation is that of hemorrhage, but with care this can be avoided. Such accidents as peri- and para-metritis, tetanus, and septicæmia will occasionally happen, but not with a frequency greater than in any other surgical operations upon the cervix. To avoid the loss of blood, and to obtain a deeply granulating wound, the amputation is usually made with the chain- or wire-écraseur, or by the galvano-caustic loop. But, whatever the instrument, the operation is always attended with the risk of invading the bladder and especially the retro-uterine pouch. Hence, I should advise you, whenever you can closely watch your patient, to use the knife or the scissors. For, thereby, not only can you remove with greater safety a larger slice of the cervix, but also can, in case of this accident, bring together, by metallic sutures, the cleanly-cut edges of the vesical or peritoneal wound. Whereas no union would be likely to take place were the edges crushed by the écraseur or seared by the galvano-cautery. This mishap has happened to the most skilful operator; but, if every case has been reported, no great fatality attends it. Whenever amputation with a cutting instrument is resorted to, it will be safer first to transfix the cervix, as high up as prudent, with a long straight needle; then to place above this, as a tourniquet, the loop of an écraseur, and, finally, to slice off all that portion of the cervix on its distal side, making the incision between it and the needle. If, upon loosening the loop, any smart bleeding occurs, you may either sear the wound with the hot iron, or plug up the vagina; for, to catch up and tie a vessel in a hypertrophied cervix is no easy task. The only sure way of using the ligature is to transfix deeply each bleeding point with a curved pin, and then to ligate under it the raised-up flesh *en masse*; the pin being left *in situ* for several days.

I have described this operation somewhat fully, because, although it offers several advantages, I shall not perform it this morning, but shall use the wire-écraseur. My reasons for this seeming inconsistency are, that the excessive heat of the weather forbids the use of the tampon except as a sheer necessity, and that I shall not to-day be within call should a secondary hemorrhage take place. After placing our patient in the lithotomy position, I first catch up with a forceps the cluster of vegetations dangling from the meatus of the urethra, and snip off its base with the scissors. To prevent its otherwise sure return, I rub the raw surface with the frayed end of a match moistened with fuming nitric acid, and with a little olive oil decompose any excess of the acid. I next draw off the urine, and at the same time measure, with the catheter, the depth of the vesical pouch, and also sound the bladder for stone. In order to make myself easy on the score of wounding the bladder, I shall follow Huguier's example, and explore that organ with my finger. By gently opening the blades of a dressing-forceps in the urethra, I have, in a few minutes' time, so dilated this short and elastic canal that it will now permit me to coax in my little finger. Note how

low its tip reaches,—certainly not more than half an inch from the apex of the everted cervix. So far, good! We have accurately defined the lower boundary-line of the bladder; but very unfortunately there are no diagnostic criteria for ascertaining the depth of the retro-uterine fold. Usually, this fold does not descend so low as the pouch of the bladder; but this rule is not invariable, and the peritoneal cavity will occasionally be opened in spite of the greatest care. Guided by the tip of my little finger inside of the bladder, I now transfix the cervix antero-posteriorly by a sharply pointed skewer, entering it just below the lower margin of the bladder, and slanting it upward and backward so that its point may emerge somewhat higher up on the opposite side. The bladder is, therefore, safe, whilst the pouch of the rectum is so small, and so far from the course of the skewer, as also to be out of harm's way. Could this be affirmed as positively of the peritoneal fold, the operation of itself would be without any hazard whatever; but, with regard to that, much must be left to chance. It remains now to adjust the wire loop of the écraseur, and this is done by slipping it over the cervix and close up to the distal side of the skewer. I give a few turns of the screw; and now see how bloodlessly the whole vaginal portion of the cervix has been amputated.

Some of you may perhaps wonder why the écraseur was not used without the skewer. There is a good reason for this: Whenever the wire or the chain of an écraseur begins to bite into living flesh, it tends not only to slip in the direction of least resistance, but also to drag into its loop the more relaxed tissues of that side. Now, since the vaginal portion of the cervix is clubbed and tuberous, the direction of least resistance and the looser tissues lie above the surgical neck. Hence, unless guarded by the skewer, the loop might slip upwards and pinch off a piece of the bladder or of the peritoneum.

Our patient will now be put to bed, where she must stay for at least two weeks. Should secondary hemorrhage take place—which is improbable—I shall be forced either to sear the raw surface with the hot iron, or to plug up the vagina. As soon as pus begins to form, the vagina will be washed out several times a day with carbolized injections. If left to itself, the wound will not cicatrize under four weeks; but the healing process can be hastened by an occasional touch with the nitrate of silver.

This operation will most likely result in our patient's cure, so far as the elongation of the cervix is concerned,—that is to say, after the lapse of five or six weeks her uterine cavity will not measure over three inches in length. But it may not prevent more or less prolapse of the relaxed vagina and bladder, and another operation will perhaps be needed to repair the torn perineum. Some surgeons advise in every case an operation either for contracting or shortening the vaginal canal or for narrowing its outlet; but this is by no means necessary. Whenever the fundus has barely sagged down, I believe that, whatever the degree of cervical elongation, the removal of the vaginal portion will alone effect a cure in the majority of cases. For the

same stays which have hitherto sustained the fundus will afterwards, through the medium of the now contracted and consolidated cervix, sustain also the vagina and bladder. On the other hand, whenever the fundus is found to be displaced to any marked degree, and especially when wholly extruded,—as in Fig. 3,—then, in addition to the amputation of the cervix it will be necessary either to lengthen the perineum and at the same time narrow the outlet by the operation of episiotomy; or to perform some one of those operations for contracting the vaginal canal which you will find described in Dr. T. G. Thomas's excellent work.

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A LUMBRICUS DISCHARGED THROUGH AN ABSCESS ABOUT THE HIP-JOINT—RECOVERY (*Lancet*, Nov. 30, 1872).—The following curious case occurred in the Mansfield Workhouse Infirmary in May last:

J. W., aged thirteen, was suffering from strumous disease of the hip-joint, but able to get about on crutches. The usual abscesses kept forming and bursting about the joint: one abscess, however, after bursting, discharged as part of its contents a large lumbricus, fully eighteen inches long, and coiled upon itself. How did it get there? At any rate, the wound healed rapidly, and the boy's health improved considerably.

ORIGINAL COMMUNICATIONS.

PARESIS.

Read before the Northern Medical Association of Philadelphia, September 27, 1872.

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THE term paresis is from the Greek *παρησις*—“I relax,” and was introduced by Saloman, a Swede, as a substitute for “general incomplete paralysis of the insane”—a very unwieldy term, and only partially expressive of the disease under consideration.

Since the days of Calmeil, one of the earliest writers on paresis, it has been recognized as existing in three distinct stages. The symptoms in the first stage are various, and chiefly mental.

There is often a disposition to wander from home, to neglect every-day duties, and to commit petty thefts. Generally there is a change in the morals of the patient; a religious man may become profane, and *vice versa*. Undue importance is attached by the patients to themselves. They imagine they have become wealthy, hold honorable positions, and express determinations to erect churches, colleges, establish new lines of railroads, or project other schemes of great magnitude. The voice in this stage is changed to a slight stutter or stammer.

The more marked symptoms in the second stage are disturbed locomotion and difficult articulation. The walk in this stage is peculiar. Dr. Sankey has well observed “that there is in health a kind of expression in a person’s gait, from which we may almost divine what kind of errand or business a man is upon.” A man walking for exercise has a gait differing from one walking to attend to business. The two chums, with arms hooked, as they saunter along, contrast in a marked manner with the excited broker on Wall Street. The gait of a person with paresis is that of a man walking “without a definite object;” and later in the disease, walking becomes more a “matter of business.” The feet are raised but slightly, are widely separated, and fall flat upon the floor. His arms are to him what the balancing-rod is to the tight-rope walker,—a means of maintaining his equilibrium. All the muscles seem affected. Any act requiring muscular interference is attended by phenomena due to a want of harmony in their action. To compare the movements and actions of a paretic to a drunken man would not be amiss, save that the paretic is cautious and deliberate, the drunkard “reckless and garrulous.” Later in this stage, walking is very difficult, and, from the labor spent upon its performance, a looker-on might well surmise that the performer was making it a specialty. The articulation is drawing and difficult, often the syllables are run into each other, and mumbling takes the place of articulate sounds. Twitching of the muscles around the mouth is common. The tongue when protruded is very tremulous, and is quickly drawn back into the mouth, in spite of urgent requests to the contrary. Grinding of the teeth is frequently indulged in,—

a most unpleasant symptom to those within hearing-distance. It grates sufficiently hard upon the ear to have such a symptom show itself in a bedridden patient, but to see and hear a man, with a confused stare, with reason dethroned, wandering around grinding his teeth simultaneously with every short step he takes, is almost beyond endurance. The intellectual, moral, and motor faculties are all more or less influenced. The senses of touch and taste are impaired to a more marked degree. If a paretic is asked concerning health, the reply generally will be, “first-rate,” “bully,” “beautiful,” or some other brief expression. I would lay special stress upon the first of these answers, for almost invariably he will be “first-rate.” The conversation of the paretic in this stage, as well as in the first, is not disconnected. Fixed delusion is very rare. His ideas bear the impress of change; they are not fixed like those of the monomaniac; now he may be worth a hundred thousand dollars, and cashier of some bank, and one hour hence be a millionaire and chief executive of the nation. He grows *richer*, but never *poorer*. “Excelsior” seems to be his motto. The symptoms, then, in this stage are,—a want of power to control perfectly the motor, intellectual, and moral faculties.

The third stage manifests its advent by dementia, and inability to stand upright or to execute any movement requiring the use of more than a few muscles. This muscular feebleness is more marked in the morning. In this stage the utterance is thick, and often unintelligible. The muscles are constantly twitching. The knees of the patient when sitting shake like those of a man suffering from a chill. His teeth chatter, he looks cold, although he tells you that he is “first-rate.” Urine and faeces are passed apparently unconsciously. The urine in all the cases that I have observed was extremely phosphatic, not alone in this stage, but also in the second, although somewhat less in the latter. The temperature, according to Mr. Dodge, resident student at the Philadelphia Hospital, who carefully observed it at my request, was found to vary from one-half to one degree, according to the time of day. In the morning it was, in confirmed cases, one hundred, to one hundred and five-tenths degrees. In the evening the mercury invariably rose to one hundred and one degrees. The appetite is good, almost voracious, up to the time of dissolution. This, no doubt, assists in prolonging the life of the patient when to the observer death seems imminent. I saw poor John Ambrose, a fine minstrel, whose voice once charmed enthusiastic audiences, literally, like Herod of old, eaten by worms, numbers of which, thick and fat, crawled from his anus and large putrefying burrowing sores. He was a mass of rottenness when death entered his chamber. He partook of a hearty breakfast but a few hours beforehand.

Picking at the bedclothes, and tearing them into shreds with hands and teeth, afford hours of employment to the bedridden paretic. Irritation applied to the soles of the feet produces immediate reflex action. Epilepsy and epileptiform convulsions often occur. Sometimes the patient is seized by apoplexy: indeed, not a few meet their death in this way.

Bed-sores are prone to occur in this stage, their formation being due to the patient's continued supine position, and to the frequent presence of irritating matter. The symptoms then characteristic of paresis are, mental derangement, difficult articulation, and disturbed locomotion.

The cause of this strange malady is still wrapped in mystery. Excess in some form upon the part of the patient, at some period of life, no doubt, lies at the bottom of this disease, as of so many others. The histories of cases confirm this belief. Medical science cannot, however, explain why it is that one person using alcoholic drinks as a beverage will, as a consequence, die of a cirrhosed liver, and another of a cirrhosed brain.

The diagnosis of paresis is not difficult. It may, however, be confounded with muscular atrophy, lead- and mercurial palsy, chronic alcoholism, and certain cases of spinal paralysis. It differs from general muscular atrophy in this, that the latter is free from mental derangement. Symptoms of mental derangement, however, might occur in a case of muscular atrophy. In such a case the peculiar form of insanity in paresis, and the condition of the muscles, would serve to distinguish the two affections. Lead- and mercurial palsy are less likely to be confounded with paresis. Lead-palsy manifests itself more locally. The imperfect locomotion is more circumscribed. The wrists are chiefly affected, and the muscles of the affected parts become wasted. The condition of the gums and the absence of delirium in lead-palsy would also serve as distinctive features. Mercurial palsy can also very readily be distinguished. The peculiar trembling of the hand does not occur in paresis, neither is there mental derangement in mercurial palsy. Chronic alcoholism, the result of an abuse of alcoholic drinks, in which the motor and mental functions are affected, is more likely to be mistaken for this disease by a casual observer. This, however, is only true of decided cases of a chronic nature. They present distinctive characteristics. According to M. Thomeuf, the form of mental symptoms usually presented in alcoholism "is a kind of melancholia, with exaggerated fears, frights, delusions of being followed or watched, or of being accused of guilt. The paretic is never afraid, is not melancholy, generally entertains grand ideas, and is never unwell." All those that came under our own observation confirm this statement of Thomeuf. All would express themselves as being "first-rate," and this in tones, to use the words of Dr. Bucknill, "in which could be detected the signs of incurable disease." The appetite in alcoholism is deficient; that of the paretic can scarcely be appeased. Epileptic and epileptiform convulsions occur in paresis; delirium tremens in alcoholism. The latter is curable; the paretic always dies. Certain cases of spinal disease in which the paralysis is more or less general may be complicated with delirium, and thus be mistaken for paresis. The history of the case, the condition of the spinal cord, and the nature of the delirium would serve to point out the true diagnosis.

The pathology of this strange malady has been a

fruitful source of discussion in later times. Observers do not agree as to its nosological position. Some view it as a form of mania upon which are engrafted paretic symptoms. This view is refuted by the fact that symptoms of paresis never occur in cases of chronic mania. Others maintain that paresis may exist without paralytic manifestations, and recognize it by the name of "ambitious mania." Ambitious mania, though it resembles paresis in the character of its delusions, is a separate affection. Paresis is ambitious mania, but it is something more. We have seen cases of chronic mania, of simple insanity, without any apparent physical disturbance, that even now pace the wards and strut along the corridors of the Insane Department of Blockley Hospital, whose imagination knows no limit. One sports with millions, another is the Saviour of the world, while several proudly march along, conscious that the world recognizes them as ruling monarchs. The majority of observers, however, look upon paresis as a separate affection,—a disease *per se*.

It presents characteristics similar to other affections. It is influenced by locality. Dr. Grey makes mention of the fact that in the Edinburgh Asylum there are usually to be found from twenty to twenty-five cases, while Montrose Asylum, about twenty-five miles distant, and containing about three hundred patients, has none. The disease is more prevalent in the eastern and northern parts of America than in the southern and western. Males are much more subject to paresis than females. Statistics prove the proportion to be about seven of the former to one of the latter. Age exerts an influence. Most patients are between the ages of thirty and forty years. Cases occur occasionally, however, to prove that neither the young nor aged are wholly exempt. All paretics are insane. Insanity is one of the principal symptoms. This mental derangement is manifested by an exalted imagination,—very rarely presenting itself in a different form. Respecting the pathology of paresis, some view it as an inflammation. M. Parchappe says, "all facts afforded by pathological research agree in confirming the inflammatory nature of the characteristic lesion of the cortical substance of the brain." M. Belhomme expresses a belief that "paresis is an encephalitis of a peculiar kind."

The post-mortem appearances are not constant in every respect. Sometimes there is softening, sometimes the brain is abnormally firm. This difference is probably due to the comparative duration of the disease. The arachnoid and pia mater generally present traces of inflammatory change. The microscope has detected in most cases a varicose condition of the capillary vessels of the cortical substance, and also a marked increase of its connective tissue. This increase of the connective tissue of the cortical substance is the most constant of the morbid conditions. It is, pathologically speaking, a cirrhosis of the cortical portion of the brain, the result of a slow inflammation. There is no doubt that the disease is cerebral. The impaired locomotion is not owing to muscular paralysis, but to something interfering with co-ordinate

action. The constantly cheerful answer which the patient ever gives in regard to his or her health is due to one of two conditions, or to both. It may be but the result of a feeble conception. The brain in its diseased condition, with its cells compressed by the superabundant connective tissue, may be incapable of taking cognizance of the body's condition. The fault does not seem to be in the afferent or efferent nerves. They faithfully transmit impressions, as is shown by the immediate reflex movements that take place in response to any irritation applied to the surface of the body. It may be that even though the patient's brain is capable of appreciating pain and poverty with their accompanying shadows, yet his peculiar form of insanity, his ambitious mania, his radiant line of thought, will scatter those shadows as the wind scatters the leaves of autumn. His judgment has fled, and as his idea of wealth and splendor is not corrected by his bed of straw and lonely cell, in like manner his idea of personal comfort and perfect health may not be corrected by painful sores and fatal disease.

The prognosis is always unfavorable. A few cases of recovery are reported. It may be that the diagnosis was not correct. Recovery, it is stated, was preceded by a general breaking out of boils.

Of the treatment very little can be said. Aside from attention to the general comfort and cleanliness of the patient, it consists merely of a "meditation on death;" of reading from time to time the inscriptions upon the mile-stones as our buoyant patient totters along the downward road to meet his inevitable doom. He is an inmate of that ward above the entrance of which is written, "For Incurables,"—a department which, through the deeply-searching spirit of modern science, may ere long, we hope, be made vacant, and the unfortunate paretic among the rest be restored to health, and ushered from that abode of fate.

NEW METHOD OF PRESERVING TUMORS AND CERTAIN URINARY DEPOSITS DURING TRANSPORTATION.

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Read before the Biological and Microscopical Section of the Academy of Natural Sciences, and recommended for publication in the Philadelphia Medical Times.

In the early days of medical microscopy, partly because all revelations of the science were looked upon by most practitioners with suspicion or positive distrust, partly, I presume, on account of real unskillfulness among its students, microscopic examinations were rarely called for, and there was little need of devising plans for securing the portability of specimens. At present, however, when the value of the microscope, not merely as an aid, but even as the most reliable guide for diagnosis, prognosis, and treatment, in many forms of disease, is becoming almost universally recognized, some means of transporting urinary and other deposits,

tumors, etc., over long distances, in the unaltered condition, has become a great desideratum. As a contribution towards this important object, I offer to the profession the subjoined method, originally contrived to meet the exigencies of a recent case in my own practice.

The clinical history in this particular instance, being accurately noted by the patient himself, a highly intelligent physician, gives such an exquisite picture of one form of the special renal malady in question, that I am confident most of my auditors will feel some interest in its relation, which is briefly as follows:—

About the 20th of August last, I received a letter from Dr. —, residing in one of the trans-Mississippi States, informing me that he had forwarded to my address two specimens of deposit let fall from samples of his own urine, which he wished me to examine. In speaking of his condition, he remarked,—

"I am forty years of age, and for the last four years my health and strength have been steadily failing. From my normal weight of 165 pounds, I have declined gradually to 132, at the rate of about eight pounds per annum. My condition at first was attributed to malarial fever, but this cause has not involved the case for more than two years. My symptoms have, during this time, been as follows: great general debility, more or less dyspeptic symptoms, aggravation of rheumatic stiffness and soreness (not pain), from which I have suffered for years. A constant tendency to lose the erect position, and droop in the neck and shoulders. A gradual impairment of virility, amounting for the last six months almost to extinction. In fact, to sum up all in a word, general debility without apparent cause covers the case. I have run the gamut, under the ablest advice, of tonics, stimulants, and nutritious diet, and have taken a sea-voyage of three months' duration, with no appreciable benefit. A few months ago I accidentally discovered—what had never before been suspected—the presence in my urine of albumen in large amount. Its presence is persistent, and its quantity on the increase. The deposit after being precipitated, and allowed twelve hours to settle, just half fills the tube. I have never had any sign of dropsical effusion, but for the last year or more have suffered from periodical attacks of almost uncontrollable diarrhoea, developing themselves with much regularity about every two months, and lasting from three days to as many weeks. The amount of urine secreted is about thirty-two ounces for twenty-four hours, variable in color, but never turbid when fresh. I micturate a little oftener than when in health, always having to rise at least once during the night; urine much inclined to foam, sp. gr. normal (1021). Prof. —, of Philadelphia, has pronounced my liver, spleen, and heart healthy, while my vital capacity as indicated by the spirometer is fifteen per cent. above par. . . . May I trespass upon your professional courtesy so far as to ask you to solve the problem, in which I am so much interested, by a microscopic examination? The presence of casts will of course demonstrate renal degeneration; but suppose no casts are found, what then? How in that case would my malady be termed? Certain it is I am suffering from something which, unarrested, must hurry me to a goal not dim or far distant. Please give me your views in reference to diagnosis, prognosis, and treatment. . . . Soliciting an early reply as the greatest favor that could be rendered to one in my present condition of suspense,—it is the *suspense alone* that tries me,—I subscribe myself, etc."

This letter—which, I should mention, Dr. — with brave unselfishness, and in the spirit of a true philanthropist, has most generously given me permission to make free use of in preparing any paper upon the subject—was accompanied by a small box, enclosing the two samples of urinary deposit. Each specimen was contained in an ordinary two-drachm vial, stopped with a cork that previous to its insertion into the mouth of the bottle had been wrapped in a piece of thin India rubber, and then, being pressed in to the level of the lip, had been firmly tied down with another small circle of sheet caoutchouc. The ingenious precautions thus employed to prevent leakage were entirely successful, but the long journey of some twelve hundred miles, occupying more than a week of the hot weather with which we were visited during the past summer, had given time enough for complete decomposition to occur, and, although one of the specimens was prepared with a small portion of carbolic acid solution, entire putrefaction had taken place in both before their arrival. The vial which had been merely sealed up gave forth when uncorked a strongly ammoniacal odor, and its deposit was composed only of amorphous granular matter. The other specimen, to which carbolic acid had been added, contained an abundant white coagulum, without any tube-casts, epithelial cells, or leucocytes. Numerous mycelial threads of fungous vegetation presented themselves, and were probably capable of developing in the solution to which carbolic acid had been added, because that acid was deprived of its parasiticidal properties when it combined with the albumen of the urine.

On mentally reviewing the preservative agents at our disposal, and rejecting, of course, alcoholic and arsenical fluids, on account of their power of coagulating albuminous substances, it occurred to me that solution of acetate of potash, whose admirable properties as a preservative menstruum for microscopic objects formed the subject of one of my communications to this Section last year, would best serve our purpose; and I therefore wrote to my correspondent, informing him of the ill success of his first venture, and requesting him to prepare another specimen by filling a similar small vial with dry acetate of potash and then pouring in a fluid drachm of the sediment let fall from his morning urine after standing twelve hours in a cool place.

On the 12th of September I again received two samples, one of which had been mixed with the washings of a bottle that had formerly contained acetate of potash, and which comprised the doctor's entire stock of the salt; the other prepared with a small portion—about twenty drops—of alcohol. Both of these were worthless for microscopic examination; and I therefore procured a two-drachm vial of solid acetate of potash and forwarded it to my patient by return mail, requesting him as before to add to its contents a fluid drachm of his urinary deposit.

This last experiment in the preservation of a urinary sediment for transportation, the fifth of the series it completed, was entirely successful, the preparation reaching me about the 1st of October,

not only in such a condition as to show well-defined hyaline, granular, and fatty epithelial casts of the uriniferous tubules in great abundance, but likewise embalming, so to speak, those pathognomonic signs of Bright's disease so perfectly that a drop of the fluid, which I have placed beneath one of the Academy's microscopes this evening, exhibits numerous tube-casts with admirable distinctness, even although more than six weeks have now elapsed since this identical sample which I here hold in my hand was prepared for examination, upwards of twelve hundred miles away.

During the past few years I have repeatedly felt the need of some method for preserving specimens of tumors and other pathological formations for microscopic investigation, which might prevent the alterations in the cellular elements which are so apt to occur with the media now in use, and also avoid the difficulty of sending fluids by mail, or the delay and expense attendant upon carriage by express. Since employing the plan described above, for insuring the portability of specimens of tube-casts, in spite of their exposure to either very high or very low climatic temperatures, I have made a few observations upon the effects of the acetate of potash solution upon morbid growths, and, as a result of my researches, recommend the following method.

Place a small fragment of any tumor or pathological structure, say a quarter to half an inch square and one-tenth of an inch thick, in a couple of drachms of saturated solution of acetate of potash, and allow it to fully imbibe the fluid by soaking therein for forty-eight hours. The solution referred to is best made by simply pouring half an ounce of rain-water upon one ounce of dry granular acetate of potash, in a clean bottle. When the tissue is thus freely saturated with this saline liquid, remove it by means of a pair of forceps, without much pressure, and insert it in a short piece of India rubber tubing, or wrap it up carefully in a number of folds of thin sheet rubber or of oiled silk, tying the whole firmly at the ends with strong thread. When thus prepared, specimens can be enclosed with a letter in an ordinary envelope, and sent long distances, doubtless thousands of miles, by mail, without danger, on the one hand, of decomposition, because of the preservative power of the potassic acetate, or, on the other, of desiccation, on account of its exceedingly deliquescent nature.

One very important advantage which this plan has over those in which alcohol or glycerin is employed as a preservative agent, is that the menstruum has little or no effect upon the oil-globules contained in cells. Hence by its aid we are enabled to recognize fatty degeneration in the cellular elements of a tumor, and easily to detect the same metamorphosis in the kidneys from minute oil-drops in the epithelium attached to tube-casts of Bright's disease, under circumstances where specimens preserved in glycerin or alcohol would afford a doubtful or wholly negative result.

Urinary deposits composed of oxalate of lime or of triple phosphate are not, according to my experience, readily preserved in solution of acetate of

potash, possibly on account of chemical decompositions which occur. When these crystalline bodies are met with, as is usually the case, in non-albuminous urine, they could probably be best retained in an unaltered state by adding from twenty to thirty per cent. of solution of carbolic acid to the renal secretion in which they are found.

No. 1620 Chestnut Street.

ANOMALOUS CASE OF PARALYSIS FOLLOWING DIPHTHERIA, AND SIMULATING LOCOMOTOR ATAXY.

BY WILLIAM C. KLOMAN, M.D.,

Baltimore, Md.

I WAS recently called to see S. R., a girl, aged five years and nine months, whom I attended during the latter part of September for diphtheria of the fauces. It proved to be a very mild case, from which she recovered without difficulty. Upon the establishment of convalescence, I ordered her a solution of the citrate of iron and quinine, which I directed should be taken for some weeks in cod-liver oil. The mother assured me that the remedies had been taken for at least ten days, when, the child appearing to have entirely recovered her strength and looks, she ceased giving them. Two days before I was again sent for, they had noticed an irregularity in her gait, and that her speech was indistinct.

Upon seeing the child, the first thing that struck me was her position,—she was standing at the time, —which was exactly that of one afflicted with Duchenne's paralysis. Her shoulders were thrown back, her abdomen projecting, and her spine incurved. Upon desiring her to walk, I found her gait to be staggering, like that of a drunken man, apparently showing great want of co-ordination, and it reminded me strongly of one suffering from locomotor ataxy. *There was no paralysis of any limb.* As far as I could judge, there was no loss of sensation, although this could not be made out with accuracy, because of the child's reticence and bashfulness. I tried to get her to place her feet close together and to close her eyes, in order to see if she could maintain the upright posture, but it was not satisfactory. She was unwilling to comply. Her speech, as much as I could get her to say, was thick and nasal, indicating faecal paralysis. She protruded her tongue without difficulty, which was somewhat coated. Her pupils were normal, acting under the stimulus of light, and her sight not affected. Her hearing was also good. At first I supposed I had a case of what the books call locomotor ataxy, which is said occasionally to follow diphtheria; and certainly many of the phenomena simulated that form of disease.

I mentioned the case to my friend Prof. F. T. Miles, of this city, and desired him to see the case with me. He pointed out phenomena in which there was a marked deviation from those attending locomotor ataxy. He was likewise struck with the child's position in the upright posture. He requested the child to place one of her feet

upon a low stool, while she supported herself with one hand upon a table. She placed her foot upon the stool in a perfectly natural manner, and then did the same with the other. There was no incoordination of movement. She did not raise the foot too high and then bring it down with a slap upon the stool, and she raised it sufficiently high to avoid striking it against the edge of the stool and stumping her toe. Of course the conclusion was evident that this was not a case of locomotor ataxy. The child was directed to pick up a small object placed at her feet upon the floor, and after bending over to get hold of it she had considerable difficulty in again assuming the erect posture, and the conclusion was arrived at that there was paresis of some of the muscles of the spinal column, probably of the erector spinae. Her mother also stated that if she was lying upon the floor she had great difficulty in getting up, unless there was some object near, as a table or chair, by which she could assist in raising herself, by using the muscles of the arm. Assuming, then, that there was paresis of some of the muscles of the spine, this would satisfactorily explain the peculiar phenomena of the case, viz., her peculiar position when erect, shoulders reared back, abdomen projecting, and buttocks protruded backwards; also the apparent want of co-ordination in her movements while walking; all of which are due to her efforts to preserve her equilibrium, in the absence of the firm column of support usually afforded by the spine. This child is rapidly improving under the use of strychnia gr. $\frac{1}{2}$ with 2 grs. citr. iron and quinine, and a teaspoonful of cod-liver oil three times daily, together with stimulating frictions to the spine.

TRANSLATIONS.

OUTLINES OF A SYSTEM OF PHYSICAL OTIATRICS.

From the German of DR. ERHARD, Instructor in the University of Berlin,

BY C. H. BURNETT, M.D.

AFTER investigating the hearing-power in all persons hard of hearing *per ossa et per cavitatem*, respecting irregularas as well as periodical vibrations, I have come to the following conclusions:

1.—Respecting those hard of hearing who perceive sounds and musical notes normally *per ossa*. These must possess normal fenestrae, labyrinths, and labyrinth-contents, normal innervation, normal ventilation by the Eustachian tube, and normal pressure in the labyrinth. Among these are—1. Such as perceive ordinary noises imperfectly *per cavitatem*, but possess normal perception for music, and good hearing for speech. These cases are rare. The conductor, in an isolated condition, is still elastic, but on account of the increase in its bulk has become relatively impeded. In such cases the *membrana tympani* is seen to be loaded with calcareous deposits.

2. Such as hear noises normally *per cavitatem*, but hear musical tones imperfectly, and speech, relatively, badly. In these cases the conductor, in its isolated con-

dition, possesses too little resonance, for the membranæ tympani often show great defects, other things being normal: these also are very rare cases.

3. Those who hear *per cavitatem* neither noises nor musical tones normally. Under the latter head we may, by ocular inspection, recognize two distinct groups.—*a.* Those cases in which the membranæ tympani neither are defective nor have been, and in which otorrhœa is not present. In these the membranes are retracted, and the conductor, *i.e.* membrane and ossicula, in consequence of deposits, have not the proper degree of freedom in motion, in fact are impeded, yet without producing an interference in the resonance of the fluid in the labyrinth by pressure,—a fortunate as well as rare issue of these anomalies; or the conductor may still be in a condition of cellular integrity, but improperly situated, by means of the collapsed and retracted membrana tympani, which forces the head of the malleus and body of the incus upward against the roof of the tympanum, thus destroying both their normal isolation and resonance. In all of these last-mentioned cases the important object is to place the ossicula in a normal position. This can sometimes be accomplished, even in chronic cases, by means of a powerful introduction of air into the tympanum, or by means of a fortunate incision or perforation of the membrana tympani; but for one successful incision we may make one hundred fruitless ones. *b.* The membranæ tympani may be or may have been defective, and otorrhœa may have been or still is present. Generally the hearing is imperfect because the ossicula are imperfectly supported, or, as is more likely to be the case, they are in a disconnected state. Such cases are often those which furnish the most brilliant results of physical treatment. In these cases, if we insert into the meatus a piece of moist cotton, and allow it to press upon the remnants of the membrane, so as to exert pressure upon the ossicula, we may overcome the imperfect connection of the bones, *i.e.* their dislocation, and render the perception of ordinary sounds normal, although musical tones are not heard any better by this procedure in such cases. If now we take a small stick, —say a match,—and fasten to one end of it a membrane with a superficies of one square inch, or a card; and place the free end upon the cotton, or, in other words, lengthen the reconstructed conductor, uniting it with a freely moving and isolated membrane, we shall at once find that musical tones are normally heard.

II.—Those hard of hearing who perceive *per ossa* musical tones correctly, yet hear ordinary sounds imperfectly. These must possess, just as those in Class I., normal fenestræ in the labyrinth and normal ventilation by the Eustachian tube. If the affection is confined to one side, they hear the fork, when placed upon the forehead, best on the affected side, and the watch, similarly placed, only on the healthy side.

This kind of affection on both sides may be attended by certain exceptions, such as—*i.* Those who perceive musical notes *per cavitatem* absolutely normally, and also noises relatively normally; or we may say absolutely normally in comparison to their deafness *per ossa*. In such cases the entire membrana tympani must be intact, and therefore, in these cases, *ceteris normalibus*, the cause of the disturbance in function must be an insufficient innervation of the ramus vestibuli, or a loss of the acoustic hairs (Hörhärchen) in the vestibule, a result of a former morbid pressure exercised upon the labyrinth *per cavitatem*.

The first of these causes is always ambilateral and congenital; sometimes, though very rarely, it may be unilateral, and then it is the result of a powerful concussion, or of a long-continued closure of the Eustachian tube and absorption of the air in the tympanum on the affected side. In the congenital cases the patients

are affected with tinnitus. These come to our notice only casually. Not so the cases of induced trouble of this kind. The former understand speech very well, but unconsciously fix their eyes upon the speaker. A distinguished general, who supposed he possessed normal hearing, asked me to see a friend who presented the acoustic conditions of those described in I., 3 *a*. During the consultation the general was very anxious to test his own hearing, and upon applying the tests it was found, to his great astonishment, that he was unable to hear the watch *per ossa*, but heard both the tuning-fork and the watch normally *per cavitatem*, the latter absolutely normally in comparison to his inability to hear it *per ossa*. He was unable to hear *per ossa* a "repeater," but heard easily an ordinary ticking watch held close before the ear. His deaf friend heard all noises better than the general, but the latter perceived all musical notes and sounds much better than the former.

2. We often find this condition of hearing during a painful unilateral affection of the external auditory meatus,—viz., furuncle. In such cases I believe that the infiltration of the cellular tissue exercises a pressure upon the ultimate parts of the organ of hearing—even upon the acoustic hairs of the vestibule. When the infiltration disappears, the pressure is diminished, and the hearing for the watch *per ossa* is usually, though not always, restored. Also in cases where cerumen touches the membrana tympani, the watch is not heard *per ossa* until the removal of the inspissated mass. Formerly I regarded these symptoms in cases of inflammation in the external auditory meatus as those of a participation of the labyrinth in the inflammatory process of the external ear,—assuredly with error; for why should the vestibule be a participant in the inflammation, and not the much more vascular cochlea?

3. In cases of chronic progressive deafness we often meet the following conditions: normal hearing for the tuning-fork *per ossa*, yet very abnormal *per cavitatem*, —in fact, they hear the fork *per ossa* after it ceases to be heard *per cavitatem*. They also show a progressive abatement in the perceptive power for the watch *per ossa et per cavitatem*.

In these cases the cause is found to be the increasing amount of pathological deposits in the conductor, and an increasing obstruction to its proper isolation in the cavity of the tympanum; increasing ankylosis of the base of the stapes, with, of course, an increased pressure upon the *crista acustica*, etc., although the membrane of the round window may remain perfectly intact. These are the individuals who hear better with the ear-trumpet between their teeth than with it in the meatus auditorius externus, for they possess only a normal cochlea and its appurtenances.

(To be continued.)

URÆMIC ENCEPHALOPATHIA.—This is the designation given by M. J. Parrot, in a series of elaborate papers published in the *Archives Générales*, to that disease generally known by the profession as tetanus of infants, or infantile trismus. The author asserts that the resemblance to true tetanus is slight and only apparent; that the disease is one of the forms of eclampsia; and that, so far as the causes and the symptoms are concerned, it is directly connected with *uræmic encephalopathy*; in that variety where tonic convulsions predominate, is absolutely the same.

DR. OTTERSON succeeds the late Dr. Cochran as Health Officer of Brooklyn, L. I.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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EDITORIAL.

BLACK LISTS.

FEW physicians practise their profession long without finding out that earning money is one thing, and collecting it another. There is a certain class in the community who seem to prey upon recent graduates,—sending for them, flattering them, relating how Dr. So-and-so said, "Never allow any one, my dear madam, to give you morphia in any form," or how Dr. Something-else said, "The most remarkable case I ever saw,"—who take many airs of patronage upon themselves, but who afterwards ignore the bills sent to them, and perhaps grievously malign the aforesaid young men for ever after. Others there are who take less trouble; who, when they want medical attendance, send for it, knowing that they cannot or will not pay for it, and simply expecting to change their doctor every time they need one. Still another class, unfortunate but well intentioned, get from year to year deeper into debt to physicians, who, one after another, find their unrequited labors too great a burden.

To remedy these evils, it has been from time to time proposed, and the experiment tried, that "black lists" should be made out of those who do not pay their doctors, and that attendance should be refused to such as figure in these gloomy catalogues. But there are two elements wanting in all the attempts of this kind that have been made within our knowledge: first, that the lists should contain the names of those only who could pay if they would, and, secondly, that the agreement to withhold medical service should be general.

We are fain to believe that most professional men are too generous to make a personal matter of their desertion by patients who have paid their dues, and therefore that it would only seldom happen that a name would be inserted in the black list on this ground. And no one knows better than a struggling physician how urgent and imperative are the demands of the butcher and the baker and the landlord, of the tailor and the bootmaker. No one ought to know better how hard it is to meet every claim, and how strong the temptation is to postpone those which seem least pressing. No one, therefore, can know better how difficult it is to tell who the real delinquents, the doctor-swindlers, are. If we had lists of these, and these only, it would be well.

Then, if the whole profession were a unit in declining to submit to any further imposition on the part of these non-paying patrons, there would be some prospect of the nuisance being abated. But, as it is, only a very few are in possession of the lists, such as they are; and of those few we doubt whether one in ten, being sent for to a new patient, looks for the name among the proscribed, or, finding it, would resolutely refuse to render the required service. Humanity, indeed, would be thought to be outraged, if a life should be lost because the patient had employed other doctors without paying them.

We do not believe all the "black lists" in the world would do as much good as the establishment of the custom of sending out monthly bills to our patients, and of demanding prompt payment. And if it were recognized as common law that no patient with an unpaid doctor's bill could claim further service from him, or from any other doctor who chose to decline it, and that the profession owed mutual support to one another in this respect, we believe that the need of black lists would become less and less, until—perhaps with the beginning of the millennium—it would cease altogether, and medical attendance be as much "value received" as merchandise now is.

THE WARD'S ISLAND SCANDAL.

IN our issue of December 7 we noted editorially the fact of the summary dismissal of Dr. Echeverria from the post of Resident Physician to the Insane Hospital at Ward's Island, where he had refused to abet or sanction abuses which were at least winked at by the Commissioners of Public Charities and Correction. The reports, in the daily papers of New York, of the coroner's inquests in the cases of some of the

alleged victims of maltreatment in the Asylum, and letters published by Dr. Echeverria, have satisfied us that the affairs of the institution were certainly very bad.

We refer to the matter again, not perhaps for the last time,—for it is to be hoped that a searching investigation will be made into the conduct of the attendants, the mode of employing them, and the degree to which the commissioners were collectively and severally responsible for the neglect and cruelty exercised towards those who were placed in their charge,—but to speak of the professional aspect of the trouble. Here is a physician who, for trying to do his duty, is abruptly and discourteously turned out of his situation in a public institution. Who is to take his place? It will not do for the field to be abandoned to any more willing tool of the corrupt authorities, and yet it is hardly to be supposed that other men of good character and honorable standing will readily or of choice assume an office vacated in such a way. Under the circumstances, however, we believe that the best interests of all concerned would be promoted by a successor of the latter kind. Dr. Echeverria would assuredly find his most effectual vindication in the testimony of one who should take things as he left them. The patients would of course be equally certain to benefit by the proper care they would thus receive. And the public would have the advantage of knowing far better how things really had been going on, and how trustworthy or untrustworthy their commissioners had proved.

We make these remarks, not knowing who has been appointed to the position, but well aware that the profession in New York affords many men who, unless deterred from assuming the duty by the ill treatment of their colleague, would be found equally incorruptible; and hoping that one of these may have been selected to succeed him.

THE NEW HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WE are glad to be able to report that the important movement for the establishment of a General Hospital in connection with the University of Pennsylvania, which has been noticed several times before in these columns, is advancing very satisfactorily. The plans have been, during the past summer, under the consideration of a committee of gentlemen of experience, and it is believed that, as finally adopted, they represent a combination of advantages unsurpassed by any

modern hospital. The proposed building will consist of a large central structure containing the offices of administration and amphitheatre for clinical lectures; the pavilions for the accommodation of patients will be connected with this by corridors. Each of the pavilions is designed to accommodate about ninety patients, and the plan is so arranged as to admit of the successive addition of pavilions on either side of the central building, until the entire completed structure will present a front of over six hundred feet, and be able to accommodate between five hundred and six hundred patients. Unfortunately, this is merely the prospective future of the Institution, and we fear it may be years before it is fully realized. The present intention is to erect only the central building and two pavilions, which will accommodate one hundred and seventy-five patients. Work has been actively begun upon the foundation-walls of these, and it is expected that the first wards will be opened before the end of 1873. The hospital, in general appearance, is to be in harmony with the building of the Academic Department, and will stand opposite to the latter on the south side of Spruce Street. The preparation of the plans and the supervision of the building have been intrusted to the architect of the University, Mr. T. W. Richards,—whose success with the Academic Department leaves no room for doubt that the present work will be most efficiently accomplished.

CORRESPONDENCE.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

BY a typographical error occurring in the report of the Pathological Society, published in the December 7th issue of your journal, in speaking of the cartilaginous tumors of the larynx and trachea, we are made to designate them as "*enchondroma*," instead of *echondroma*. It is maintained by eminent authorities that the term *enchondroma* should be strictly limited to heterologous growths which do not arise from pre-existing cartilage, but from some non-cartilaginous matrix; *echondroma* being reserved for such as spring from cartilage. Accepting this view, cartilaginous tumors of the respiratory tract should be designated as *echondroma*.

R. M. BERTOLET.

December 10, 1872.

OPERATION FOR EXTRA-UTERINE PREGNANCY.—The *Lancet* of Nov. 9 says, "A case of extra-uterine gestation was operated on last Saturday by Mr. Lawson Tait, at the Birmingham Hospital for Women. The abdominal section was made, and a dead child removed. The case is doing well."

PROCEEDINGS OF SOCIETIES.

BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

NOVEMBER 4, 1872.

DIRECTOR W. S. W. RUSCHENBERGER, M.D., in the chair.

DR. JOSEPH G. RICHARDSON read a paper entitled "A New Method for Preserving Tumors and Certain Urinary Deposits during Transportation," in which he urged the employment of an acetate of potash solution for this purpose, and detailed a case illustrating the advantages to be derived from its use. (See p. 181 of the current number of the *Philadelphia Medical Times*.)

DR. JAMES TYSON remarked that he had several specimens of urinary deposits, sent from distant points, indeed as far as the Gulf States, merely sealed up, which had arrived in good condition; but thought that in warm weather this proposed plan might be very useful. In regard to morbid growths his experience was that such as had been put up for transportation in glycerin had done better than those preserved in alcohol, although good sections might occasionally be cut from the centre of a large mass of tumor-substance if not very long immersed in the latter medium. He had found nothing in the way of a preservative liquid so satisfactory as the saturated solution of the acetate of potash, whose precise qualities in this respect he was now testing in his own laboratory, and proposed to report to the Section at some future day.

DR. HARE observed, in reply to a question, that he did not think any chemical decomposition would occur between oxalate of lime crystals and acetate of potash, and was inclined to attribute the disappearance of the octahedra mentioned by Dr. Richardson to a process of simple solution in the liquid.

DR. TYSON stated that he had mounted oxalate of lime in lime-water and in various other fluid media, entirely without success, although he had found that the crystals keep well for a considerable time when imbedded in balsam.

DR. RUSCHENBERGER remarked that he had seen the octahedra gradually disintegrate even when mounted in Canada balsam.

DR. HARE mentioned that in the course of some experiments on the production of large octahedra of oxalate of lime, he had observed the crystals grow constantly larger on several successive days in urine charged with the salt, after eating food containing the oxalates, such as rhubarb-plant or tomatoes.

DR. TYSON added that he had even mounted those crystals in urine from which they had been deposited, and yet in a short time they disappeared.

DR. HARE inquired of Dr. Tyson whether he had ever known the tube-casts of Bright's disease to be preserved in the urine from which they had been let fall, for so prolonged a period as those in the specimen upon the table.

DR. TYSON stated that samples of urine forwarded to him from considerable distances had almost always arrived in good condition, but it had so happened that they were transported during cold, or moderately cool, weather.

DR. RICHARDSON observed that, in his experience, during the hot season, the tube-casts of Bright's disease commenced to undergo disintegration on the third or fourth day, and very soon afterwards became unrecognizable, being obscured by myriads of bacteria, which seemed to feed upon, or at least develop at the

expense of, the nitrogenous matter in the casts. In marked contrast to this rapid disintegration was the uninjured condition of the casts beneath the microscope on the table, although they had now been preserved for six weeks, including part of the warm weather in September last.

DR. TYSON inquired whether the early destruction of casts met with by Dr. Richardson was not found to occur in specimens exposed to the air by standing uncovered in a conical glass.

DR. RICHARDSON replied that he had noticed the changes alluded to, both in unprotected samples and (although somewhat less promptly) in those contained in tightly-corked bottles, but, like his friend Dr. Tyson, had frequently seen casts preserved unaltered for several days in cool weather. He also called attention to the fact that, in cases where specimens were exposed *in transitu* to extremely low temperatures, their immersion in this solution of acetate of potash would enable them to escape without injury from freezing.

DR. TYSON remarked that since the discussion had assumed so decided a urinological character it might interest the members to hear certain points in the history of two cases of Bright's disease which he had recently met in the Philadelphia Hospital, which bear on this subject, and which illustrate some of the difficulties in an accurate diagnosis of the different forms of this malady.

One was the case of a boy in the wards of his friend Dr. Pepper, with a scrofulous history, and the subject of phthisis. He was passing, before death, 130 ounces of pale urine, which contained numerous hyaline casts, all pointing to the existence of an albuminoid kidney. From the mode of accession of the attack, however, Dr. Pepper was led to suspect a *large white kidney*. This, on post-mortem examination, proved to be correct. But further examination also furnished the most beautiful albuminoid reaction of the Malpighian bodies of the cortex, and straight vessels of the cones. Thus was presented an instance of a mixed form of Bright's disease, the albuminoid and smooth white organ combined.

The second was a case which occurred in Dr. Tyson's own wards, in a woman 45 years old, who entered the house with partial suppression of urine, passing but two to four ounces in the twenty-four hours, of a smoky-hued fluid, which contained seven-eighths of its bulk of albumen, blood, and epithelial casts, commingled with granular and hyaline casts. A volumetric analysis exhibited a secretion of but 1.48 grammes of urea in the twenty-four hours. These are all the conditions of a case of acute inflammation of the kidneys. The history of the case previous to admission, however, led Dr. Tyson to diagnosticate granular kidneys, and to believe the symptoms present during the entire period of her residence in the house to be the results of an acute exacerbation. Such proved to be the case on post-mortem examination. The kidneys were perfect examples of the granular contracted organs.

REVIEWS AND BOOK NOTICES.

THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF DISEASES OF WOMEN. By GRAILY HEWITT, M.D. Philadelphia, Lindsay & Blakiston, 1872. Second American, from the Third London Edition.

Dr. Hewitt's book on the diseases of women was so thoroughly reviewed and criticised by the various journals which greeted the appearance of the first and second editions, that any further extended notice would be superfluous, were it not that the third edition has been so modified, in fact so completely re-

written, that we are unconsciously reminded of the bright-eyed Fräulein at Prague to whose lot it had fallen to exhibit the horse which the ill-starred Wallenstein had ridden at the battle of Lützen: "The head, neck, part of the body, and the legs, sir, have been restored, but all the rest is the original animal." The unfortunate arrangement of the first edition greatly impaired its usefulness; its object was to facilitate diagnosis, and, in order to do this, "symptoms, not pathology, were made the basis of arrangement,"—so that, as in a homeopathic *vade-mecum*, a certain combination or group of symptoms could not but suggest the diagnosis and treatment, utterly ignoring the various morbid conditions which could alike give rise to the same clinical phenomena. Like a house without foundations, such a structure could not possess either strength or durability, and in the second edition a new element was introduced, *viz.*, Pathology,—which was dexterously inserted under the old, as builders by means of screws and rollers lift up an old tenement and supply the wanted story or foundation. But the result was not successful; pathology and diagnosis were united, it is true, but they were only chained together, not organically one, and hence the endless repetitions irritated the reader and prevented the work from ever becoming a generally popular one. But now at last, tired of this patchwork, Dr. Hewitt has abandoned the attempt, and has erected a new edifice, of which pathology is the corner-stone; but, alas! this tearing down of the old idol was only to erect another and a greater one. In the first edition we found an excellent account of the diseases of the ovaries, those tiny organs, which, hidden away in the deep recesses of the pelvis, exert so powerful an influence on the entire existence of the woman, functional or organic diseases of which must be productive of such serious consequences; but in the present edition the symptoms referable to ovarian irritation are deprived of their usual significance, attributed to uterine displacement, and the statement which Dr. Hewitt himself makes is unquestionably true, *viz.*, "that many cases which he has put down as diseases of the uterus would be claimed by some eminent authorities as diseases of the ovaries."

But what is this new mechanical system of uterine pathology, the importance of which seemed so great to our author as to lead him to revolutionize his own labors? It may be that, like the dishes in a French bill of fare, we fail to recognize an old friend by its new name.

In the first chapter the author gives a résumé of the cases which have come under his care in the University College Hospital, in justification of his statement that he is no longer dealing with "speculative theories," but eternal truths, for his ideas "have been in conformity with daily observation" at a bi-weekly clinic during *all* this time. Dr. Holmes tells us that he once inhaled ether in the hopes of being able to study psychologically its effects on the mind. While recovering from the stupefaction produced by the drug, it suddenly seemed as though the great secret of existence was revealed to him. With tottering steps he approached his study-table, and by a mighty effort wrote down the mystic words. When he finally became conscious, still impressed with the importance of his great mission, he opened the paper and read this revealed truth: "A strong smell of turpentine pervades the room."

On the second page of the new system we find this axiom,—"Patients suffering from symptoms referable to the uterus are almost universally *affected with flexion* or alterations in the shape of the uterus of an easily recognized character." Dr. Hewitt will not argue the question, whether or not these women who to-day are "affected with flexion" were previously

affected with an inflammation of the organ, although his own views on the subject are shown in the following sentence: "logically and practically there are good reasons for placing flexions first in the order of sequence." But this is not the important issue to-day: time was when under the leadership of Kiwisch, Scanzoni, Martin, Simpson, and Hodge, the battle would have raged fiercely around this point, but now Dr. Hewitt directs our attention to the fact that, "putting aside the cases of cancer, fibroids, and pelvic cellulitis, the residue of cases of the entire number seen in the University clinic where the diagnosis was confirmed by an examination, in which no flexion was found, was *very trifling indeed*." And, indeed, as an eye-witness, we too will gladly bear testimony that a woman entering the consulting-room "presenting uterine symptoms" was indeed an anomaly if she did not suffer from anteflexion of the uterus to such a degree as to demand imperatively the use of Dr. Hewitt's "cradle-pessary," and yet how significant the fact that within five minutes' walk the surgeons of the "Soho Square Hospital for Women" attended every morning from fifty to one hundred patients, and the use of a *pessary* was a rare exception, and that, too, when one of the surgeons in attendance has identified his name with one of the best intra-uterine pessaries yet suggested. Yet in this hospital, as in the other, under judicious general treatment, and the recognition of other more comprehensive causes than mere displacement in the production of uterine diseases, the results were most satisfactory. Crede's paper on "The Normal Position of the Uterus"—so often referred to in this journal—makes a far better exhibit with regard to the frequency of anteflexion than these selected cases of Dr. Hewitt's; but after a critical review of the statistical results, which is a model for vigorous exclusion of extraneous matter and philosophical deduction, what is the result reached? "That the normal position of the uterus involves a greater or less degree of anteflexion; that the pathological conditions which arise coincidently are the important element, while the displacement is of no consequence, and hence that the mechanical intra-uterine treatment with sounds and pessaries, which is at least superfluous, and in many cases dangerous, must be more restricted in its field of application." The extreme degrees of anteflexion of the uterus, such as sometimes occur, and which always constitute an exceedingly intractable condition, as well as cases of retroflexion, which is always a pathological condition, producing in most cases real and serious trouble, are not, of course, included in this category.

Fortunately, the treatment of flexions—the principal disease to which the generative organs in the woman are liable—is such a one as can be easily followed by the many victims of this Protean malady. Rest, absolute rest, is the essential element of success. In cases of retroflexion, "a position upon the face is secured by a kind of inclined plane of pillows, by which means a very comfortable position is secured," which must be maintained, "in cases where there is much irritation about the uterus, for some weeks." Ennui is prevented, however, by the introduction of the sound once in two or three days, and by the continuous use of the ring or "cradle-pessary," care being taken that "the cervix is not caught between the two projecting arms of the instrument," which accident, we are assured, is now guarded against by the addition of a cross-bar.

The value of Dr. Hewitt's book in other points is well known. Its great fault, which has prevented its adoption as a general text-book, was its arrangement, which has now been so modified that it is beyond criticism. It is its very excellence which makes us unwilling to pass over in silence the great danger, which is imminent, of its usefulness being impaired by the in-

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introduction of the so-called mechanical system of uterine pathology, which at present so completely occupies the author's attention. Yet, as Scaliger wrote, "ars etiam maledicendi," and we trust that we have not overstepped the limits of criticism in protesting against the undeserved prominence which displacements of the uterus occupy in this work.

THE PHYSICIAN'S VISITING-LIST FOR 1873. Twenty-second year of its publication. Philadelphia, Lindsay & Blakiston.

Probably very few of our readers will need to have their attention called to this indispensable little volume, —the best of its kind within our knowledge. Convenient in size and arrangement, it has acquired a well-deserved popularity, attested by the yearly increasing demand for it.

BOOKS AND PAMPHLETS RECEIVED.

A Manual of Histology. By Prof. S. Stricker, of Vienna, Austria. In co-operation with Th. Meynert, F. von Recklinghausen, Max Schultze, W. Waldeyer, and others. Translated by Henry Power, of London, James J. Putnam, and J. Orne Green, of Boston, and others. American Translation edited by Albert H. Buck. With 431 Illustrations. 8vo, pp. 1106. New York, William Wood & Co., 1872.

Obstetric Aphorisms: For the Use of Students commencing Midwifery Practice. By Joseph Griffiths Swayne, M.D., etc. Second American, from the Fifth revised English Edition, with Additions. By Edward R. Hutchins, M.D. 12mo, pp. 189. Philadelphia, Henry C. Lea, 1872.

A Discourse commemorative of the Life and Character of Samuel Jackson, M.D., late Professor of the Institutes of Medicine in the University of Pennsylvania. By Joseph Carson, M.D., Professor of Materia Medica, etc. 8vo, pp. 32. Philadelphia, 1872.

Report on Climatology and Epidemics of Pennsylvania for 1871, particularly the Epidemic History of Small-pox in Philadelphia. By W. L. Wells, M.D. From the Transactions of the American Medical Association. 8vo, pp. 26. Philadelphia, 1872.

A System of Oral Surgery. Being a Consideration of the Diseases and Surgery of the Mouth, Jaws, and Associate Parts. By James E. Garretson, M.D., etc. 8vo, pp. 1091. Philadelphia, J. B. Lippincott & Co., 1872.

A Hand-book of Post-Mortem Examinations, and of Morbid Anatomy. By Francis Delafield, M.D., Curator to Bellevue Hospital, etc. 8vo, pp. 376. New York, William Wood & Co., 1872.

In Memoriam. Proceedings of the Medical Society of the District of Columbia, June 7, 1872, in reference to the Death of George Richards Miller, M.D.

GLEANINGS FROM OUR EXCHANGES.

ORIGIN OF PUS-CORPUSCLES.—Dr. R. H. Fitz (*Boston Med. and Surg. Journal*, October 17) says that F. A. Hoffmann (*Virch. Arch.*, vol. liv., 4 Heft), with P. Langherans, has already shown that some time after the injection of cinnabar into the blood-vessels, grains of the same could be found in the fixed cells of the connective tissue, and that whenever an irritation had occurred, the accumulation of pigment in these cells

became so great that one could recognize the place with the naked eye, by the red color.

Hoffmann (in the present article) states that wounds were produced and afterwards cauterized, or dilute acetic acid was injected; twenty-two to twenty-four hours after inflammation was thus excited, injections of cinnabar were made.

The pus from the wounded surface contained no cinnabar, yet the tissues from which the pus came contained cells in which were numerous particles of cinnabar; these cells corresponded completely with the so-called fixed connective-tissue cells. The pigment was also found in clumps, imbedded in a dense fibrous stratum; tearing apart these clumps, there were found grains of cinnabar, free or sticking to the tissue-fibres, cells containing pigment, and débris of cells. These were, doubtless, the remains of encapsulated abscesses. Apart from them, free cinnabar granules were not found in the connective tissue. Hoffmann infers that the fixed cells take no part in the production of pus, but remain wholly passive. Were they destroyed, the cinnabar must be set free after seven to nine days' suppuration, and be found as such, or taken up by the wandering cells. Were they active, it would be probable that cinnabar would appear in the pus, especially as the pigment was found in large amounts in the vicinity of the suppurating surface. Hoffmann had previously shown that cell-proliferation in the extirpated cornea occurs, and, from negative testimony, he inferred that the increase proceeded from the fixed corneal corpuscles.

Stricker has found that the wandering cells are capable of division after leaving the vessels, so that the previous inference cannot be regarded as doubtful.

In conclusion, he states, "Up to the present time, any other source for pus-corpuscles than the blood-vessels has not been proven nor placed upon a scientific basis."

Prof. Schiff, in a lecture before the Academy of Sciences at Florence (*Berl. Klin. Woch.*, 1872, No. 14), asserts that in extensive suppuration the white blood-corpuscles might be replaced in a manner suggested by the experiment of enucleation of the spleen. When this operation is performed on dogs, these corpuscles increase if the animal remains healthy; much more so if peritonitis follows the operation. He asserts that the increase of these depends upon an irritation of the inner coat of the blood-vessels; the more extensive this is, the greater the increase. One can, therefore, regard these as the product or transformation of the epithelial cells clothing the intima. This condition might be called a catarrh of the same.

POST-MORTEM DELIVERY (*Dublin Journal of Medical Science*, September, 1872).—At a meeting of the Dublin Obstetrical Society, May 18, 1872, Dr. Darby detailed the following case:—

"Anna Maria Doyle, a robust woman, aged 24 years, the mother of one child, and in the sixth or seventh month of her second pregnancy, was admitted to the Rathdown Fever Hospital in typhus fever, on the 2d of March, 1871. Was seized with violent epistaxis shortly after midnight on the morning of the 6th. I was at her bedside by five o'clock A.M., and found she had been dead for ten or fifteen minutes. The left shoulder, arm, and side were swollen, black, and covered with large bullæ containing yellowish serum; the smell from the body was unbearable, and I ordered the body to be removed from the ward (in which there were six or seven patients) to an empty room on the same floor. In consequence of her advanced pregnancy when admitted, I desired the nurse to be on the watch for uterine symptoms. None such presented up to the time of her death, nor, after the removal of the body to the vacant room, when it became the duty of the nurse to

make a special examination, was there any discharge or other circumstance to attract attention. In six or seven hours afterwards the nurse had occasion again to enter the room; she then observed that a putrid fetus of about the sixth month, with the secundines, had, subsequently to her previous visit, escaped from the dead body. All this was reported to me. I saw the fetus, and have no reason to doubt the accuracy of the nurse's account of the circumstances connected with this rare and interesting case. A question as to whether post-mortem parturition results from vital organic action of the uterus after the death of the individual, or whether rigor mortis may be sufficient to expel a fetus from an already dead body, or whether the rapid generation of gases therefrom may not, with more probability, be the producing cause of the phenomenon, is a matter of grave consideration both in its physiological and medico-legal aspects; and, while I abstain for the present from offering any decided opinion on these points, I hope some member present may be induced to initiate a discussion which may let in some light upon a subject which requires further elucidation."

THE DOUBLE MURMUR OF DUROZIEZ IN THE ARTERIA CRURALIS, AND ITS SIGNIFICANCE IN THE DIAGNOSIS OF INSUFFICIENCY OF THE AORTIC VALVES (Hoffmann, assistant to Von Ziemssen in Erlangen: *Berliner Klin. Wochenschr.*, Sept. 2, 1872).—Under normal circumstances, a double murmur may always be heard in the large arteries lying near the heart, the first part of which, occurring at the moment of diastole, is caused by the sudden and forcible rushing of the torrent of blood into the elastic vessels; while the second part of the double murmur is systolic, and is caused by the closure of the aortic valves. In the distant arteries, however, as in the *cruralis*, only the first part of the murmur is heard normally; whereas the second part is never heard in the healthy condition.

In cases of aortic insufficiency, the second tone may also be detected, even in the most distant vessels, as described by Duroziez, who failed, however, to give any explanation of the phenomenon.

Traube, Friederich, and Riegel, among German writers, have alluded to this fact, but only the latter has endeavored to account for it.

His views have obtained a complete introduction into German hospitals, and Dr. Hoffmann relates a case under the care of Professor von Ziemssen, which illustrated during life all the phenomena of aortic insufficiency, with the so-called "double murmur" of Duroziez in the crural artery, and, upon post-mortem examination, all the signs noted during life were substantiated by the pathological changes in the heart.

In conclusion, Dr. H. says, "The clinical worth of the double murmur may be said to consist in the indication of the presence of extensive insufficiency of the aortic valves without stenosis; extensive hypertrophy of the left ventricle, notwithstanding which, there is no degeneration of the muscular substance of the organ; and the presence of normally elastic, non-sclerosed arterial walls; all of which conditions are necessary, according to Riegel, for the production of the double murmur of Duroziez in the crural artery."

RESECTION OF THE SUPERIOR MAXILLA ON ACCOUNT OF CYLINDROMA, WITH PRELIMINARY TRACHEOTOMY AND TAMPONNEMENT OF THE LARYNX (reported by Heiberg, from the clinic of Schönborn, of Königsberg, Prussia: *Berlin. Klin. Wochenschr.*, No. 36, 1872).—The operation was performed upon a laborer thirty-six years old. Swelling of the left cheek had been noticed for four years and nine months previous. There had never been any pain, the health has always remained perfect, and the man passed through the recent Franco-

Prussian campaign as a private. The tumor was everywhere adherent to the bone,—had the consistence of cartilage, and fluctuated at certain points. His speech was slightly impeded, but perfectly intelligible. The act of swallowing was somewhat inconvenient.

After the patient had been placed under the influence of chloroform, in the usual way, tracheotomy was performed; a stout tampon, fastened to a string, was passed through the wound upwards against the under surface of the glottis; a canule was introduced, and through this the anaesthesia was kept up. During the operation for excision of the tumor, despite the tampon already alluded to, blood was discovered trickling into the trachea, and a second tampon of cotton was pushed backwards behind the tongue, and thus the trachea was tamponed from above. During these manipulations around the epiglottis and trachea, the administration of chloroform was continued through the canule, and the patient breathed as "quietly as an infant." The incisions through the integument healed by first intention. In twenty-four hours the canule was removed from the tracheal wound, and on the nineteenth day after the operation the patient was discharged cured.

APOMORPHINE AS AN EMETIC (M. Loeb, of Worms: *Berliner Klin. Wochenschr.*, No. 33, 1872).—The investigations of Siebert, Riegel, and Boehm, concerning the nature of this drug as an emetic, induced Loeb to try its effects in the case of a young man who had accidentally swallowed a large draught of alcoholic solution of oil of bitter almonds. The author says, "I was called to see the patient half an hour after the accident, and decided that an immediate emetic must be given. I therefore injected into the region of the stomach 0.008 of a fresh solution of apomorphine. In eight minutes, after repeated gapings on the part of the patient, copious emesis of a mass smelling strongly of hydrocyanic acid occurred. This recurred in five minutes. Then the patient recovered rapidly."

The success of this treatment is ascribed to the promptness of its action.

As a rule, no more than 0.008 of a solution of apomorphine, made in the strength of 0.12 : 4.0, is to be administered. This usually produces in adults two attacks of emesis. In a child thirteen months old, to whom the author gave 0.002 of a solution of this drug, alarming symptoms followed the first attack of vomiting.

(The above report is literally translated; the precise quantities used are not given, but probably 0.008 of a cubic metre, = 8 cubic millimetres, or a few minimis, is meant.)

ELECTRICITY IN BASEDOW'S DISEASE (M. Meyer: *Berliner Klin. Wochenschr.*, No. 39, 1872).—Four cases are reported in this article by the author. In conclusion he remarks, "We see the beneficial influence of galvanization of the sympathetic in these cases of Basedow's disease, in which the right side is affected more than the left. One of the four cases reported showed no symptoms of struma,—an absence of which, in this disease, Dusch, in his 'Lehrbuch der Herzkrankheiten,' Leipsic, 1868, says he has found only three times in fifty-eight cases, but they all manifested great disturbance in the circulation. The galvanization had especially a beneficial effect in reducing the exophthalmos and in removing the strumous condition; on the other hand, we could detect no diminution in the frequency of the pulse, nor any cessation of the palpitation of the heart, perhaps because the cases reported were very anaemic, which fact alone is sufficient to produce the distressing heart-symptoms. The crowning success of the application of galvanization in these cases is the improvement in the circulation of the blood, shown in the freshened color and the return in

one case of the menses after an absence of nearly four years, and the cessation of menorrhagia in another."

POISONING BY VANILLA.—Schroff says that the natives of Mexico and South America use a kind of oil, acajou oil, to make the vanilla bean flexible and soft, and that this oil often contains a sharp substance like cantharides. He attributes the poisonous properties of vanilla to this latter substance.

MISCELLANY.

SOMNAMBULISM AND KLEPTOMANIA.—The following will remind some of our readers of a story contained in the "Ingoldsby Legends :" A retired French tradesman was lately much disgusted at finding various valuable personal articles mysteriously absent from their proper places. Residing with him was an old servant, who had lived in the house thirty years, and a nephew: it was impossible for him to suspect either, and yet there was not the slightest ground for supposing that the robberies had been effected by any one outside the house. He resolved to watch. To his consternation, he observed, one or two nights after, the nephew, in his night-dress, descend, take various valuable articles, and proceed with them to a summer-house in the garden. On his return the uncle confronted him, being duly prepared, we may suppose, for "a scene." He was disappointed. The nephew appeared utterly unconscious of his affectionate relative's presence, and passed quietly up-stairs to his room. Next day the uncle taxed him with his extraordinary conduct. The nephew denied all knowledge of it. The summer-house was searched, and in a cellar beneath it all the missing articles were found. It is bad enough to have either a somnambulist or a kleptomaniac in a family, but the two combined is really a trial which we trust, for poor humanity's sake, will remain rare.

FROM JAPAN.—A correspondent of the *Philadelphia Inquirer*, writing from Yokohama, says, "Surgeon H. C. Nelson, United States Navy, who has been in charge of the United States Hospital for some time past, left for home in the Alaska on the 7th instant, being relieved on that day by Dr. King, United States Navy. To Surgeon Nelson belongs the credit of building, organizing, and putting into active operation the finest hospital in the whole East. He has shown excellent judgment in all his selections and appointments, and the Americans of Yokohama take pride in pointing to the American flag flying over a building that is an ornament to the place."

"Dr. Simmons, an American, has been intrusted by the native officials of Yokohama with the establishment and organization of a hospital for the accommodation of sick natives. The government has under consideration the establishment of numerous hospitals and medical schools."

CIDER IN RHEUMATISM.—It has come to light that, in certain parts of England, working-people, and even little

boys employed to frighten birds away, are compelled to take a considerable part of their wages in cider. Common laborers are required to take three pints per day, carters and shepherds four pints, and boys one pint. Women who work out are required to take one quart daily. Aside from the moral evils of the practice, it is found that the health of the laborers is seriously affected, and that rheumatism is a frequent result; as might be expected on the prevalent theory that that disease is caused by, or is associated with, lactic or uric acid in the blood. The subject has enlisted the attention of the House of Commons, and proceedings have been instituted for the purpose of correcting the evil.

DARTMOUTH MEDICAL COLLEGE.—The graduating exercises at the close of the seventy-sixth annual course of lectures at this institution were held October 30, 1872. Addresses were made by Dr. L. French, of Manchester, N. H., and Rev. Dr. Smith, President of the College, after which the degree of M.D. was conferred on twenty young men.

The Museum of Pathological Anatomy, founded by E. W. Stoughton, Esq., by the gift of upwards of ten thousand dollars, is rapidly approaching completion, and is expected to rival any similar collection in the country. The improvements made and in progress, together with the increasing number of students, give promise to this venerable school of extended usefulness in the future.

THE MEDICAL CORPS OF METZ.—Before the siege the medical corps of Metz numbered thirty-six physicians. Scoutetten, Félix Maréchal, Warin, and Crespy paid for their devotion with their lives. Many others fell dangerously sick. After the annexation the medical emigration commenced in advance of the popular, which latter has reduced the population from forty-nine thousand to sixteen thousand. But very few of our confrères—they whom age and association have fixed—will spend the rest of their lives in their old home. The Society of Medical Sciences, having turned over its library and archives to Nancy, has adjourned until better days.

ARMY RETIRING BOARD.—The following dispatch appeared in the *Evening Telegraph* of December 14: "By direction of the President, the board to retire disabled officers, convened in Philadelphia, May 23, 1871, is dissolved. A board to retire disabled officers is ordered to convene at New York city on the 20th inst., or as soon thereafter as practicable.

"The following is the detail for the board: Major-General W. S. Hancock, Colonel Rufus Ingalls, Assistant-Quartermaster-General Colonel George W. Getty, 3d Artillery, Surgeons John M. Cuyler and John Moore."

OBITUARY.—Within one week the medical profession in this city has sustained the loss of two of its members.

Dr. René La Roche died on the 9th of December, at the advanced age of 77. Dr. Samuel L. Hollingsworth died on the 14th, in his 57th year. We shall place be-

fore our readers, at an early day, more extended notices of these gentlemen, who, although of late years precluded by ill health from taking part in the active duties of life, were in their day men of eminence, and whose memories will ever be held in deserved respect.

STATISTICS OF LIFE-INSURANCE.—The *Medical and Surgical Reporter* says that the Statistical Congress recently in session at St. Petersburg paid a high compliment to Mr. William Barnes, late Superintendent of the Insurance Department of the State of New York, by electing him to prepare a volume on the statistics of life-insurance in the whole world, to be presented at the next meeting, three years hence.

DR. DRUITT.—Many of our readers will regret to hear that this gentleman's health is so seriously impaired that he is obliged to spend the winter in the south of Europe. He is best known in this country by his work on surgery, so long deservedly popular as a text-book. He has for some years been the editor of the *Medical Times and Gazette*.

THERE were four hundred and seventy-six new medical students registered in the Metropolitan Schools of London for 1872,—the whole number being one thousand four hundred and ninety-six. This is the largest number hitherto registered, being one hundred and ninety-eight more than in 1870, and twenty-one more than last year.

THE GERMAN HOSPITAL.—The Board of Directors of the German Hospital in this city met recently, and among themselves subscribed \$7000 towards liquidating the debt on the new hospital building.

APPOINTMENT.—Dr. A. K. Minich has been appointed on the Dispensary Staff of the Episcopal Hospital, in place of Dr. James V. Ingham, resigned.

MATTHEW and John Guy Vassar, the two sons of the man who founded Vassar College, have decided to establish a \$100,000 hospital in Poughkeepsie.

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending Dec. 14, 1872, were 290; 168 adults, and 122 minors. 11 were of bodies brought from the country; making the mortality of the city 279. Among the causes of death were:

Consumption of the Lungs	43
Other Diseases of the Respiratory Organs	54
Diseases of the Circulatory Apparatus	16
Diseases of the Brain and Nervous System	41
Diseases of the Digestive Apparatus	20
Zymotic Diseases	16
Typhoid Fever	5
Casualties	12
Cancer	7
Suicide	2
Debility (including "Inanition" and "Marasmus")	27
Malformation	3
Still-born	12
Old Age	12

(The interments reported for the week ending Dec. 16, 1871, were 497.)

THE meteorological record kept at the Pennsylvania Hospital was as follows:

	THERMOMETER.		BAROMETER.
	Max.	Min.	(2 P.M.)
Dec. 8	43.0°	35.0°	29.90 in. (Rain.)
" 9	38.0	22.5	29.89 in. (Snow.)
" 10	27.5	18.5	30.34 in.
" 11	32.0	23.0	30.50 in.
" 12	29.0	17.0	30.27 in.
" 13	33.0	21.0	30.26 in.
" 14	41.0	23.0	30.35 in.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM DECEMBER 3, 1872, TO DECEMBER 9, 1872, INCLUSIVE.

MURRAY, ROBERT, ASSISTANT MEDICAL PURVEYOR.—To proceed to Washington, D.C., and report to the Adjutant-General (pursuant to instructions from the Secretary of War). S. O. 222, Military Division of the Pacific, Nov. 30, 1872.

VICKERY, R. S., ASSISTANT-SURGEON.—To accompany batteries of 3d Artillery, on Steamer "Magnolia," to New York City, and return by rail to New Orleans, La. S. O. 184, Department of the Gulf, Nov. 28, 1872.

CORSON, J. K., ASSISTANT-SURGEON.—Granted leave of absence for four months. S. O. 315, War Department, A. G. O., Dec. 4, 1872.

JOHNSON, HENRY, MEDICAL STOREKEEPER.—To perform the duties of Medical Purveyor during absence of Lieutenant-Colonel Murray. S. O. 222, c. s., Military Division of the Pacific.

LIST OF CHANGES IN THE MEDICAL CORPS U.S.N., TO DECEMBER 12, 1872.

Medical Director J. S. MESSERSMITH,—Relieved.

Assistant-Surgeon JAMES W. BUELL,—Appointed.

P. A. Surgeon B. S. MACKIE,—To the Naval Laboratory, New York.

Assistant-Surgeon P. P. BILBY,—To the U. S. Navy Yard, Washington, D.C.

Assistant-Surgeon B. F. ROGERS,—To the U. S. Steamer Tallapoosa.

Assistant-Surgeon EDW. EVERE,—To the Naval Hospital, New York.

Medical Inspector R. P. MACCOUN,—Promoted to Medical Director.

Medical Inspector CHARLES EVERSFIELD,—Promoted to Medical Director.

Surgeon W. T. HURD,—Promoted to Medical Inspector.

Surgeon ALBERT L. GHION,—Promoted to Medical Inspector.

P. A. Surgeon C. J. S. WELLS,—Promoted to Surgeon.

P. A. Surgeon ED. KERSHNER,—Promoted to Surgeon.

Surgeon E. M. STEIN,—To Naval Hospital, Pensacola, Florida.

Surgeon T. L. DUBoIS,—To U. S. Steamer Pawnee.

Surgeon JOSEPH HUGG,—To Receiving Ship Potomac, Philadelphia.

Medical Director J. D. MILLER,—Detached from Receiving Ship Potomac, and waiting orders.

P. A. Surgeon J. W. COLES,—To Naval Hospital, New York.

P. A. Surgeon H. M. RUNDLETT,—To Naval Hospital, Yokohama, Japan.

Assistant-Surgeon G. H. TORKY,—To the U. S. Steamer Onward.

Surgeon E. C. VERMULLEN,—Detached from Onward, and proceed home.

Surgeon J. S. KNIGHT,—Detached from Saranac, and proceed home.

P. A. Surgeon J. R. TRYON,—Detached from Hospital, Yokohama, and proceed home.

Surgeon S. ROBINSON,—To Receiving Ship Sabine, Portsmouth, New Hampshire.

Surgeon WILLIAM E. TAYLOR,—To the U. S. Steamer Saranac.

P. A. Surgeon J. G. AYRES,—Special duty, Washington, D.C.

Assistant-Surgeon J. W. BUELL,—To Receiving Ship Sabine, Portsmouth, New Hampshire.